

Request for Proposals Kent County Levy Court

Human Resources Office
555 Bay Road
Dover, DE 19901
(302) 744-2310
www.kentcountyde.gov



ISSUED: March 3, 2025
RESPONSES DUE: April 14, 2025, at 4:00 p.m., EST

Subject: Employee Insurances

Proposal Specifications

SECTION I: INTRODUCTION

A. OBJECTIVES

The purpose of this Request for Proposals (the "RFP") is to procure high quality insurance benefits for the employees of Kent County Levy Court (the "KCLC") through a fully insured format (except optional coverage). The current plan year for the requested employee insurance products will expire on June 30, 2025, and the proposed plans/programs must become effective July 1, 2025.

B. BACKGROUND INFORMATION

Kent County Levy Court is the governing body for one of the three counties comprising the State of Delaware. Kent County is centrally located and is home to the State capital - Dover, which is also the county seat. The current population is estimated to be 189,789.

The County currently has 350 full-time and part-time employee positions authorized to work at the Kent County Administrative Complex located at 555 Bay Road, Dover, Delaware; the Kent County Regional Resource Recovery Facility near Frederica, Delaware; the Emergency Services Building at 911 Public Safety Blvd., Dover, Delaware; Emergency Medical Services Station #6 located at 5100 Wheatley's Pond Road, Smyrna, Delaware; Emergency Medical Services Station #8 located at the Harrington Fire hall at 20 Clark Street, Harrington, Delaware; Emergency Medical Services Station #9 located at 2490 Forrest Avenue, Dover, Delaware; Emergency Medical Services Station #10 located at the Frederica Fire Hall at 6 Front Street, Frederica, Delaware; the Kent County Public Library located at 497 South Red Haven Drive, Dover, Delaware, and the Kent County Recreation Center located at 1683 New Burton Road, Dover, Delaware.

1) Employee/Retiree Dental Insurance

KCLC currently operates a self-insured employee dental insurance program using a third-party administrator. The self-insured plan consists of 535 employee/retiree units. The County pays the full administrative fee and reasonable/customary or negotiated (if less) claim costs for active employees and retirees from active service and their eligible dependents. The distribution breakdown includes 315 active full-time employees (which includes elected officials) and 220 retired participants. Part-time employees are not eligible for any KCLC employee insurance. Of the current employee unit contracts, 280 have single coverage, 116 have family coverage, 94 retirees have single coverage and 45 have family coverage. Only one (1) plan is offered with a \$2,000 calendar year limit. KCLC currently pays all but \$3.10 per month of the employee/retiree portion 100%, and the employee/retiree also pays the difference for family coverage at an additional rate of \$31.10 per month. Participation rates are subject to change. The current third-party administrator's fee is \$3.61 per month per contract (employee/family).

Please use Form 1 on page 12 as a template for submitting dental insurance bid information.

2) Employee/Retiree Term Life and Employee AD&D Insurance

KCLC currently provides at no charge to the employee term life and accidental death and dismemberment insurance equal to the annual salary of the individual employee rounded up to the next highest \$1,000. After active employees reach age 70, the coverage is reduced to 50% of benefits in effect the day before the employee turned 65. Employees retiring from active service receive \$5,000 of coverage, but AD&D coverage terminates. On January 1, 2025, employee unit contracts, 315 are active employees including six (6) age 70 or over with a total rounded up salary value of \$19,575,000 and 174 are retirees including 93 over age 70 with a value of \$870,000 (\$5,000 benefit each) generating a monthly life premium of \$3,680.10 and generating a monthly AD&D premium of \$333.78 for the active group. The current insurer's monthly premium rates are \$0.18 per \$1,000 for life plus \$0.017 per \$1,000 for AD&D.

Please use Form 2 on page 13 as a template for submitting term life and ad&d insurance bid information.

3) Optional Employee & Dependent(s) Term Life Insurance

KCLC offers employees the opportunity to purchase age-rated optional term life insurance coverage up to three times their annual salary not to exceed \$300,000 through payroll deduction. On January 1, 2025, employee unit contracts, 65 active employees purchase optional term life insurance coverage. Of that number, four (4) purchase ½ salary coverage, (22) purchase one times salary, (16) purchase two times salary, and (23) purchase three times salary. The current insurer's monthly premium

rates per \$1,000 of coverage based on ½, one, two or three times salary is as follows:

| | | | | | | | | | | |
|--------------|------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| Age | <30 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ |
| Rate | .070 | .099 | .121 | .187 | .286 | .462 | .737 | .957 | \$1.17 | 2.431 |
| # Employees | 1 | 1 | 7 | 9 | 8 | 13 | 13 | 12 | 2 | - |
| Value * \$1K | 240 | 266 | 725 | 1,478 | 1,351 | 2,624 | 1,451 | 1,224 | 95 | - |
| # Spouses | 1 | - | 2 | 1 | 4 | 3 | 5 | 6 | - | - |
| Value * \$1K | 100 | - | 30 | 50 | 190 | 110 | 140 | 80 | - | - |

Employees are also eligible to purchase optional life insurance for dependents at a rate of \$2.00 per month for a flat \$10,000 of coverage for a child(ren) and/or coverage for spouses in \$10,000 increments up to \$50,000 at the age rate of the employee. As of January 1, 2025, 16 employees purchase coverage for children. Another 22 employees purchase coverage for spouses.

Please use Form 3 on page 14 as a template for submitting term life and ad&d insurance bid information.

4) Employee Long Term Disability Insurance

KCLC provides, at no charge to the employee, long term disability insurance to employees equal to the 60% of the weekly salary of the employee. The employee becomes eligible after missing 120 working days. The coverage is currently integrated with social security and pension benefits. Retired employees are excluded. The current insurer’s premium rate is \$0.165 per \$100 of monthly salary up to a maximum monthly salary of \$6,750. As of January 1, 2025, there are 315 active employees covered including six (6) over age 70 with a total monthly salary value of \$1,553,942 generating a monthly premium of \$2,564.00. Of those 315 active employees, salaries for 44 exceed the \$81,000 (\$6,750/month) annual limit. There have been 7 claims filed under the long term disability program since July 1, 2017.

Please use Form 4 on page 15 as a template for submitting term life and ad&d insurance bid information.

5) Employee Travel Accident Insurance

KCLC provides at no charge to the employee travel accident insurance for those killed or seriously injured while traveling on County business equal to \$100,000 in addition to any other County provided life and AD&D insurance. The current insurer’s

annual premium is \$1,000. No known claims have been filed under the employee travel accident insurance program since its inception on July 1, 2002.

Please use Form 5 on page 16 as a template for submitting term life and ad&d insurance bid information.

6) Employee Short Term Disability/Paid Family Leave Insurance (OPTIONAL)

KCLC seeks to consider a single contract with an insurance company to provide fully insured short-term disability insurance benefits/Delaware Paid Leave coverage mandated by the State of Delaware and related administrative services paid by the employer in a form similar to those offered by the State of Delaware to its employees and compliant with proposed Delaware Senate Bill No. 1, Title 19 known as the “Healthy Delaware Families Act” and any substituting legislation.

It is expected that core services to be delivered by the vendor shall include, but are not limited to, medical underwriting of late applicants if necessary, disability determination, claims processing including offsets with other benefits (i.e. workers compensation, social security, sick leave bank, etc.), return to work programs, case management, call center, employee outreach and communication, referrals, online services for members and employers, enrollment file processing, completion of all required state insurance filings, and reporting, etc. New employees may have an initial eligibility period, if applicable.

Since this would be a new employee benefit offering, KCLC is receptive to alternative plan designs and/or leave policy changes that achieve compliance with pending State law and/or regulations.

Please use Form 6 on page 17 as a template for submitting employee short term/paid family leave insurance bid information.

SECTION II. SCOPE OF SERVICES

A. The insurance provider/bidder will be expected at a minimum to provide the following:

1. All proposed coverage must at a minimum be equal to or better than the current coverage provided with full details included in the appropriate form template;
2. With input and final approval of form by KCLC staff, develop, prepare and present in a concise and understandable manner those monthly reports desired by KCLC to assist in cost management;

3. Respond to inquiries as directed by the KCLC, KCLC staff, auditors, etc.;
4. Advise KCLC concerning Federal, State or other regulatory compliance issues;
5. Keep KCLC abreast of Plan Benefit design trends and options;
6. Maintain an active role in assuring the KCLC's Plan (s) is running efficiently;
7. Participate, as requested, in informational meetings with KCLC employees to answer questions, discuss or promote the plan(s);
8. With input and final approval by KCLC staff, develop, print and make available adequate number of informational booklets/flyers for current and new employees outlining specific benefit plans, benefits explanation, typical questions, etc.(Initial informational web links must be provided within 30 days of award); and
9. Provide at no additional cost complete electronic copies in an approved electronic format of the Summary Plan Document, approved contract for services, and other related documents.
10. Complete and include the cost proposal certification on page 18 with RFP submission documents.

B. The dental insurance provider/bidder will be expected at a minimum to provide the following:

1. Meet all the required criteria in Section II, A;
2. Any network plan proposed must include a minimum of eight (8) licensed dentists/oral surgeons with offices offering full-time regular office hours in Kent County, Delaware with at least five (5) family or general practice dentists accepting new patients;

SECTION III. PROPOSAL REQUIREMENTS

All proposals shall respond to all questions and requirements listed in this RFP.

A. General Instructions

Before submitting a proposal, each respondent shall familiarize itself with the entire RFP, including the Scope of Services and all laws, regulations and other factors affecting the

respondent's performance.

The respondent is responsible for fully understanding the requirements and shall otherwise satisfy itself as to the expense and difficulties accompanying the fulfillment of agreement requirements. The submission of a proposal will constitute a representation of compliance by the respondent. There will be no subsequent financial adjustment for lack of such familiarization.

B. Proposal Submission

Interested and qualified respondents are requested to submit proposals no later than 4:00 p.m. on **April 14, 2025**. It is the respondent's responsibility to ensure that proposals are submitted and received in a timely manner. The submittal materials shall provide the following information:

- 1) Respondent name, address, telephone number and website, and principal contact name, telephone number and e-mail address.
- 2) Statement of the respondent's qualifications to perform the requested services.
- 3) Name of the principal staff person(s) who will be primarily responsible for providing services to the KCLC and their resume and qualifications.
- 4) Explanation of the respondent's experience in providing the requested services. Include the client, type of work, project start and completion dates, project name, and project size. Highlight those engagements which involved Delaware and nearby entities. If representing an insurer, please provide that firm's experience and engagements.
- 5) List of client references, including name, address, telephone number and e-mail address, along with a brief description of the services provided to the client, and dates of service.
- 6) Description of the respondent's proposed fees, costs and charges, including an explanation of what services will be provided on an hourly rate, flat rate, fixed retainer or other basis. KCLC requests that a cost and billing structure be provided. Documentation for all travel costs must be provided per County practice.
- 7) The cost information shall be provided in a tabular format. Failure to provide all cost information and in the order specified may result in the rejection of the proposal. The firm/company must include a signed statement in the proposal transmittal letter certifying that the price was arrived at without any conflict of interest per the Independent Price Determination instructions below.
- 8) Any Dental, Life, Accidental Death & Dismemberment, Optional Life, LTD, or Travel

Accident Insurance Base Proposal must at a minimum provide equal or better than current coverage (benefits) offered to employees/retirees through the existing KCLC plan with the same requirements.

- 9) Assess your firm's future commitment in the retirement/benefit field.

Five (5) paper bound copies and one (1) digital copy provided on an external drive, jump drive, etc. of each respondent's proposal(s) shall be submitted in a sealed package marked **EMPLOYEE INSURANCES addressed to:**

**Trudena Horsey
Human Resources Director
Room 213
Kent County Levy Court
555 Bay Road, Dover, DE 19901**

Received no later than 4:00 p.m., EST, on Monday, April 14, 2025.

All submitted proposals become the property of KCLC as public documents and are available for public access as provided by Law after the award selection has been made. All late bids received will not be accepted and returned to respondent unopened.

C. Proposal Structure

Proposals are limited to 24 double sided pages, excluding cover letters and appendices. Proposals should not contain extraneous promotional materials. Proposals will be evaluated based on information presented by the respondent and evaluation criteria listed in this RFP.

SECTION IV: EVALUATION CRITERIA

All proposals shall be evaluated and scored based upon the following criteria:

1. 40% - Cost of Services.
2. 25% - Qualifications and experience to provide the required service as defined in the RFP.
3. 15% - Firm's understanding of the KCLC's current and requested plan design(s).
4. 15% - Performance History (References)
5. 5% - Adequacy and completeness of the proposal with regard to the information specified in the RFP.

Human Resources will review Proposals received for completeness, quality, and

accuracy. Utilizing a standardized review and scoring process an award recommendation will be made to the Kent County Levy Court for the respondent whose proposal is judged to be in the best interest of Kent County.

Interviews, if necessary, with a short-listed number of respondents best meeting the minimum criteria, are expected to be scheduled during April 2025.

A. Process Schedule

| Action | Due Date | Time |
|------------------------------------------|-----------------------|-------------|
| Publish RFP | 03/03/25 | |
| Deadline to Submit Questions | 03/24/25 | 5:00 pm |
| Answers to Questions | 03/28/25 | 5:00 pm |
| Proposal Submission Due | 04/14/25 | 4:00 pm |
| Proposal Opening (Public) | 04/14/25 | 4:01 pm |
| Proposal Review (Interviews, etc.) | Approximately 2 Weeks | |
| Projected Contract Award (no later than) | 4/28/25 | |

SECTION V: GENERAL INFORMATION

A. Issuing Office

This request for proposals is being issued through the Human Resources Office in the Administration Department of Kent County Levy Court. Unless otherwise specified, the Human Resources Director is the sole point of contact for the purposes of the RFP and subsequent responses will be in writing.

B. Addendum to RFP

The County reserves the right to amend the RFP prior to the submission due date. If it becomes necessary to revise any part of the RFP, an addendum shall be provided to all potential vendors who have requested and have been sent a copy of this RFP. All respondents shall include acknowledgment of all addenda as part of this proposal. Failure to acknowledge addenda may be grounds for disqualification of the proposal. Any addendum to the RFP will be posted to the County website as well as provided to potential vendors who have requested a copy of this RFP.

C. Questions

Questions will be accepted in writing via email or by letter up to or before 5:00 PM, EST, on Monday, March 24, 2025, and will be answered in the mode received (either email response or letter response) no later than 5:00 PM, EST, on Friday, March 28, 2025. The

County reserves the right to respond or not respond to any, all, or any parts of the questions that are received. All questions and answers will be made public on the County Website, as well as sent to all known respondents.

All questions regarding this Request for Proposal shall be referred to:

Trudena Horsey, Human Resources Director
Kent County Levy Court
555 Bay Road
Dover, Delaware 19901
Email: HR@kentcountyde.gov

D. Bid Withdrawal

A written request for withdrawal of a proposal will be granted if the request is received prior to the time of opening. Proposals, amendments, or requests for any withdrawal of proposals received after the specified bid opening time will not be considered.

E. Cost of Preparing Proposal

The cost of developing and submitting the proposal is entirely the responsibility of the responder. This includes costs to determine the nature of this engagement, preparation of proposal, submission of proposal, negotiation for the contract, and all other costs associated with this RFP and responses thereto. All responses will become the property of the County and may be a matter of public record after award of the contract or rejection of all proposals.

F. Independent Price Determination

A proposal will not be considered for award if the fees were not arrived at independently and without collusion, communication or agreement as to any matter related to such prices with any other vendor, competitor or public official of Kent County, Delaware.

The respondent must include a certified statement in the proposal transmittal letter certifying that the price was arrived at without any conflict of interest.

G. Preparation

Responses should provide a straightforward, concise description of responder's capabilities to satisfy the requirements of this RFP. Emphasis should be on completeness and clarity of content. Repetition of the terms and conditions of the RFP, without additional explanation, will not be considered sufficiently responsive.

H. Errors in Proposal Preparation

The KCLC has the right to rely on any price quotes provided by responders. The responders may be responsible for any mathematical error or incorrect extension of any calculations leading to the responder's price quotes. The KCLC reserves the right to reject proposals which contain errors and/or waive requirements deemed immaterial to evaluation of a specific proposal.

I. Appearance Before KCLC Committee

Any or all responders may be required to appear before one or more KCLC Committee(s) to explain the responder's understanding of and approach to the RFP and/or respond to any questions regarding the proposal submitted. The project manager shall make any requested oral presentations before the KCLC Committee(s).

J. Insurance

The successful respondent awarded the Contract pursuant to this RFP shall be responsible for keeping in force a general comprehensive policy insuring against personal injury and property damage in an amount no less than one million dollars (\$1,000,000). In addition, the respondent shall be required to obtain and keep in force for all non-County employees and workers, workers compensation and other required insurance in the minimum limits required by State of Delaware law. The respondent shall be required to submit a certificate of insurance, naming KCLC as an additional insured, prior to the signing of the final contract.

K. Indemnification

The respondent awarded the Contract pursuant to this RFP shall indemnify and hold harmless the County, its officials and employees from the following:

- (a) Any and all direct or indirect damages, costs, claims, actions, suits, judgments or liens resulting from the negligent act or commission or omission of the respondent, its employees, agents or subcontractors, and
- (b) Any and all direct or indirect costs, claims, actions, suits, judgments or liens for damages resulting from the Contract arising from the negligence or omission of the firm/company, its employees, agents or subcontractors. The firm/company shall, upon completion of work, provide the County with a Release of Liens from any subcontractor, supplier, material, or other supplier of goods and services to the program, if any.

L. Awards

Awards will be made by the Kent County Levy Court consistent with County policy and Delaware Code based upon the best potential interest of Kent County. The KCLC reserves the right to reject any or all responses to the RFP, for whatever reason deemed by it to be appropriate, and shall not be obligated to return any material in connection with this

request.

M. Payments

Payments to the successful firm/company(s) shall be contingent upon negotiation of fees and acceptance of the proposal and will be made in accordance with mutually agreeable terms by the County.

N. Political Involvement

Except for communications specifically authorized herein pertaining to the preparation and submittal of a Proposal, Respondents to this RFP or their representatives shall not separately or independently of their own accord discuss, negotiate, promote, market, lobby or solicit with any County Employee or any County Official, verbally or in writing, during the RFP advertisement period, proposal review, and selection process as indicated in the Request for Proposal. Failure of a Respondent to adhere to this provision may result in the Respondents disqualification from further consideration.

NOTE: *This RFP is available in electronic format on the County Website or by requesting a copy from the HR office. Please submit request by e-mail to HR@kentcountyde.gov*

**FORM 1
DENTAL INSURANCE COVERAGE
QUOTE FORM 2025/2026 -2027/2028**

PLAN NAME _____ **Broker** _____

Please provide a quote for a self-insured plan which at a minimum equals the current coverage provided and meets all additional specifications listed in the document. All administrative costs must be included.

Please provide a quote for a fully insured dental insurance program where the carrier assumes all risk for the plan. Fully insured plans proposed must at a minimum equal the current coverage provided and meet all additional specifications listed in this document. All administrative claims, commissions, etc. costs must be included. Alternative format plans are encouraged.

Please provide a flat per month, per employee/retiree rate and an employee/retiree & family rate for coverage:

| SELF INSURED THIRD PARTY ADMINISTRATIVE FEE (Open Plan) | | | |
|---------------------------------------------------------|-------------------|-------------------|-------------------|
| Monthly Rate/Fee | 07/01/25-06/30/26 | 07/01/26-06/30/27 | 07/01/27-06/30/28 |
| Employee (only) | \$ | \$ | \$ |
| Family | \$ | \$ | \$ |
| <i>Notes:</i> | | | |

| SELF INSURED THIRD PARTY ADMINISTRATIVE FEE (Network Provider Plan) | | | |
|---------------------------------------------------------------------|-------------------|-------------------|-------------------|
| Monthly Rate/Fee | 07/01/25-06/30/26 | 07/01/26-06/30/27 | 07/01/27-06/30/28 |
| Employee (only) | \$ | \$ | \$ |
| Family | \$ | \$ | \$ |

| FULLY INSURED PLAN (Open Plan) | | | |
|--------------------------------|-------------------|-------------------|-------------------|
| Monthly Rate/Fee | 07/01/25-06/30/26 | 07/01/26-06/30/27 | 07/01/27-06/30/28 |
| Employee (only) | \$ | \$ | \$ |
| Family | \$ | \$ | \$ |
| <i>Notes:</i> | | | |

| FULLY INSURED PLAN (Network Provider Plan) | | | |
|--------------------------------------------|-------------------|-------------------|-------------------|
| Monthly Rate/Fee | 07/01/25-06/30/26 | 07/01/26-06/30/27 | 07/01/27-06/30/28 |
| Employee (only) | \$ | \$ | \$ |
| Family | \$ | \$ | \$ |
| <i>Notes:</i> | | | |

**FORM 2
LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE
PROPOSAL QUOTE FORM 2025/2026 -2027/2028**

PLAN NAME _____ **Broker** _____

Please provide a quote for term life and accidental death and dismemberment insurance coverage. The coverage proposed must at a minimum equal the current coverage provided and all specifications outlined in this document. KCLC will fund basic insurance equal to the annual salary, rounded to next \$1,000 of each County employee. Coverage for active employees age 70 and over may be reduced to 50% of eligible benefits on day before age 65. Coverage for retirees may be limited to \$5,000. All administrative, claims, commissions, etc. costs must be included.

Please provide a flat per employee per month per \$1,000 of salary rate:

-BASIC (Employer provided)

List maximum level of coverage (if any) \$ _____ Active

List maximum level of coverage (if any) \$ _____ Retired

| EMPLOYER PAID BASIC TERM LIFE INSURANCE (plus AD&D) | | | |
|-----------------------------------------------------|-------------------|-------------------|-------------------|
| Monthly Rate/Fee | 07/01/25-06/30/26 | 07/01/26-06/30/27 | 07/01/27-06/30/28 |
| Active Employee - LIFE | \$ | \$ | \$ |
| Active Employee - AD&D | \$ | \$ | \$ |
| Retired Employee – LIFE (\$5,000) | \$ | \$ | \$ |
| <i>Notes:</i> | | | |

**FORM 3
OPTIONAL/VOLUNTARY LIFE INSURANCE
PROPOSAL QUOTE FORM 2025/2026 -2027/2028**

PLAN NAME _____ **Broker** _____

Please provide a quote for optional employee and employee & dependent term life insurance coverage. The coverage proposed must at a minimum equal the current coverage provided and all specifications outlined in this document. KCLC will not fund the optional coverage, but the employee may purchase additional insurance up to three times his/her annual salary through payroll deduction. All administrative, claims, commissions, etc. costs must be included. Please provide maximum coverage limit – if any.

Please provide a flat rate per month per \$1,000 of salary rate: Maximum? _____

| EMPLOYEE PAID VOLUNTARY TERM LIFE INSURANCE (SELF) | | | |
|-----------------------------------------------------------|-------------------|-------------------|-------------------|
| Monthly Rate/Fee | 07/01/25-06/30/26 | 07/01/26-06/30/27 | 07/01/27-06/30/28 |
| Under Age 30 | \$ | \$ | \$ |
| Age 30 -34 | \$ | \$ | \$ |
| Age 35 -39 | \$ | \$ | \$ |
| Age 40 -44 | \$ | \$ | \$ |
| Age 45 -49 | \$ | \$ | \$ |
| Age 50 -54 | \$ | \$ | \$ |
| Age 55 -59 | \$ | \$ | \$ |
| Age 60 -64 | \$ | \$ | \$ |
| Age 65 -69 | \$ | \$ | \$ |
| Age 70 + | \$ | \$ | \$ |
| Notes: | | | |

Please provide a flat rate per month per \$1,000 of coverage: Maximum? _____ Age limit? _____

| EMPLOYEE PAID VOLUNTARY TERM LIFE INSURANCE (SPOUSE) | | | |
|-------------------------------------------------------------|-------------------|-------------------|-------------------|
| Monthly Rate/Fee | 07/01/25-06/30/26 | 07/01/26-06/30/27 | 07/01/27-06/30/28 |
| Under Age 30 | \$ | \$ | \$ |
| Age 30 -34 | \$ | \$ | \$ |
| Age 35 -39 | \$ | \$ | \$ |
| Age 40 -44 | \$ | \$ | \$ |
| Age 45 -49 | \$ | \$ | \$ |
| Age 50 -54 | \$ | \$ | \$ |
| Age 55 -59 | \$ | \$ | \$ |
| Age 60 -64 | \$ | \$ | \$ |
| Age 65 -69 | \$ | \$ | \$ |
| Age 70 + | \$ | \$ | \$ |
| Notes: | | | |

Please provide a flat rate per month per \$1,000 of coverage: Maximum? _____ Age limit? _____

| EMPLOYEE PAID VOLUNTARY TERM LIFE INSURANCE (Child/Children) | | | |
|---------------------------------------------------------------------|-------------------|-------------------|-------------------|
| Monthly Rate/Fee | 07/01/25-06/30/26 | 07/01/26-06/30/27 | 07/01/27-06/30/28 |
| Under Age 30 | \$ | \$ | \$ |

**FORM 4
LONG TERM DISABILITY INSURANCE
PROPOSAL QUOTE FORM 2025/2026 -2027/2028**

PLAN NAME _____ **Broker** _____

Please provide a quote for long term disability insurance coverage. The coverage proposed must at a minimum equal the current coverage provided and all specifications outlined in this document.

All administrative, claims, commissions, etc. costs must be included.

Please provide a flat per month, per employee per \$100 of monthly salary rate for the following options:

| EMPLOYER PAID LONG TERM DISABILITY INSURANCE | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Monthly Rate/Fee | 07/01/25-06/30/26 | 07/01/26-06/30/27 | 07/01/27-06/30/28 |
| Coverage meeting same requirements of current KCLC plan (<i>6-month eligibility period</i>) | \$ | \$ | \$ |
| Coverage meeting same requirements of current KCLC plan with a <u>3-month</u> eligibility period rather than 6 months | \$ | \$ | \$ |
| Coverage meeting same requirements of current KCLC plan that is non-integrated with Social Security disability benefits | | | |
| Coverage meeting same requirements of current KCLC plan with a <u>3-month</u> eligibility period and non-integrated with Social Security disability benefits | \$ | \$ | \$ |
| <i>Notes:</i> | | | |

**FORM 5
TRAVEL ACCIDENT INSURANCE
PROPOSAL QUOTE FORM 2025/2026 -2027/2028**

PLAN NAME _____ **Broker** _____

Please provide a quote for employee travel accident insurance for death, dismemberment and paralysis insurance coverage for employees while traveling on County business. The coverage proposed must at a minimum equal the current coverage provided and all specifications outlined in this document. Request minimum of \$100,000 life insurance coverage in addition to any coverage provided by basic term life or voluntary term life benefit. All administrative, claims, commissions, etc. costs must be included.

Please provide an annual rate for the requested coverage:

| EMPLOYER PAID TRAVEL ACCIDENT INSURANCE | | | |
|-----------------------------------------|-------------------|-------------------|-------------------|
| Annual Rate/Fee | 07/01/25-06/30/26 | 07/01/26-06/30/27 | 07/01/27-06/30/28 |
| Annual Group Premium | \$ | \$ | \$ |
| <i>List Limits of Coverage Quoted:</i> | | | |
| | | | |

**FORM 6
SHORT TERM DISABILITY/PAID FMLA LEAVE INSURANCE
PROPOSAL QUOTE FORM 2025/2026 -2027/2028
(At option of KCLC)**

PLAN NAME _____ **Broker** _____

Please provide a quote for Short Term Disability insurance coverage for eligible employees. The coverage proposed must at a minimum equal the current coverage provided by the State of Delaware to its employees and all specifications outlined in this document.

All administrative, claims, commissions, etc. costs must be included.

ALTERNATIVE PLAN DESIGNS THAT WOULD COMPLY WITH STATE REQUIREMENTS ARE WELCOME.

Please provide an annual or monthly rate for the requested coverage:

| EMPLOYER PAID SHORT TERM DISABILITY/PAID FMLA LEAVE INSURANCE | | | |
|----------------------------------------------------------------------|-------------------|-------------------|-------------------|
| Annual or monthly Rate/Fee | 07/01/25-06/30/26 | 07/01/26-06/30/27 | 07/01/27-06/30/28 |
| Annual Group Premium or Per eligible employee rate | \$ | \$ | \$ |
| <i>List Limits of Coverage Quoted:</i> | | | |
| | | | |

EMPLOYEE INSURANCES COST PROPOSAL CERTIFICATION

I hereby certify that this Request for Proposal response and associated cost proposal was arrived at without any conflict of interest and further acknowledge receipt and full consideration of all addendums issued by Kent County Levy Court with respect to this RFP.

Please indicate what Employee Insurance Coverages for which you have submitted a proposal:

- _____ *Employee/Retiree & Dependents Dental Insurance*
- _____ *Employee/Retiree Basic Term Life Insurance*
- _____ *Employee Accidental Death & Dismemberment Insurance*
- _____ *VOLUNTARY Employee/Dependent Basic Term Life Insurance*
- _____ *Employee Long Term Disability Insurance*
- _____ *Employee Travel Accident Insurance*
- _____ *Short Term Disability/Paid FMLA Leave Insurance*
- _____ *Other Voluntary Insurance Coverage offerings*

FIRM/PROVIDER NAME _____ **DATE** _____

NAME of SUBMITTOR _____

Signature _____ **DATE** _____